STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

	LEASETRINI			RECEIVED
I. Name of Lobbyist(s) Judy	E. Ru	ardon	SEP 0 5 2018
II. Name of lobbyist'	NEW HAMPSHIRE DEPARTMENT OF STATE			
(Nar	ne of partnership, firm	or corporation)		
Business Address: (St	reet)	(Town/City)	(State)	(Zip Code)
·	,	•		(24)
(Telephone)	((Fax	e-mail	
reportable expense to	ransactions which a	the months prior to	to any one client).	you may file a separate report for . ve to the following client:
<u>OR</u>	(Full Name of Client	as it appears on the L	obbyist Registration Form)	
		ist (including the lo	bbyist's family), or the lo	bbying firm listed below which are
	April 25, 2018 Dity from date of registr		July 25, 2018 activity from 4/1/18 to	
	October 31, 2018 activity from 7/1/18 to		January 30, 20 activity from 10/1/18 t	
V. There have been If this box is checked, Concord, NH 03301.	no fees received a complete just this for	and no reportablerm and submit it to t	e transactions made s he Secretary of State's O	ince the last report. [] ffice, State House, Room 204,
VI. Check if addition	•			
•			file Addendum A- Fees	and Expenses B- Report of Honorariums or
Expense Reimbursem	ent			
If you, your firm,	or your family has n	nade political contril	outions, you must file Ad	dendum C- Political Contributions
Sworn Statement/Af I have read RSA 15, I and complete to the b (Signature of lobbyis	RSA 15-B, RSA 14-C est of my knowledge	and RSA 664 and I		at the foregoing information is true ber 5, 2018 (Date)
(Print Name of lobby	E. Keardo	Λ		

E N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

CEP 0 5 2018

	SEF 0 3 2010
I. Name of Lobbyist(s) Judy E. Reardon	NEW HAMPSHIRE
II. Name of lobbyist's partnership, firm or corporation, if any:	DEPARTMENT OF STATE
II. Name of loopy ist a partner surp, in its or corporation, it any.	
(Name of partnership, firm or corporation)	•
III. Name of Client Protect the Granite State	Date July 25, 2018 report
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 1,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 1, 600 ear)
c) Total of all fees received to date (Add lines a and b)	c)\$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business as than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter than \$25, but not greater than \$50, a expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ NA
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)\$NA
c) Total of all itemized expenditures reported in detail in section VI.	c)s_NA

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ NA
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns NA
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist)	Stylember 5, 2018 (Date)
(Print Name of Jobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

RECEIVED

SEP 0 5 2018

I. Name of Lobbyist(s)	Judy E.	Keardon		NEW HAMPSHIRE DEPARTMENT OF STATI
II. Name of lobbyist?s pa	rtnership, firm or corp	oration, if any:	L	DEPARTMENT
(Name of pa	rtnership, firm or corporation)			
III. Name of Client <u>Pc</u>	otest the Grani	te State	Date <u>J</u>	1925, 2018 coport
Political Contributions For each political contrib client/lobbyist and lobbyi	ution that is reportable p	ursuant to RSA Chap		
<u></u>				
Full name of candidate:	(Last Name)	(First Name)	(Middle	Name/Initial)
Amount of contribution \$ _	1,000	Office Candidate is	s Seeking <u>G</u>	Nernor_
actual cost of the in-kind co enter an estimated value and	d the word "estimate."			
Full name of candidate:	(Last Name)	(First Name)	(Middle	Name/Initial)
Amount of contribution \$ _	250	Office Candidate is	Seeking	overnor
If the contribution is an in-lactual cost of the in-kind coenter an estimated value an	ontribution on the line above	description of the good e for amount of contribu	ds or services pution. If the ac	provided, and enter the ctual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	,	Name/Initial)
Amount of contribution \$	720	Office Candidate is	s Seeking	nte Senate

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions)	ons on senamte addendum C forms
Sworn Statement/Affirmation by Lobbyist	ons on separate accentant o zonis.
I have read RSA 15, RSA 15-B and RSA 664 and hereby s is true and complete to the best of my knowledge and belie	
(Signature of Jobbyist)	September 5, 2018 (Date)
(Print Name of lobbyist)	
	RECEIVED
•	SEP 0 5 2018
	NEW HAMPSHIRE DEPARTMENT OF STATE